

WATER SEWER SERVICE TERMINATION	To days Date: _____	TYPE USE (Circle One)
CITY OF MT. CARMEL 219 N. Market Street		RENT OWN ON CONTRACT

SECTION I. OCCUPANT INFORMATION Please complete ALL sections below. *[Type or Print legibly]*

OCCUPANT: _____

D.L. #:	SOC SEC #: - -
MARITAL STATUS:	SPOUSE: _____

ADDRESS OF SERVICE:

Forwarding Address: _____ . City: _____ . State: _____ . Zip: _____

SECTION II. TERMINATION OF SERVICE:

I hereby certify that I am the current occupant or owner of record of the named property, and I would like to have service terminated at the above listed location.

_____	_____	_____
(Print Name) Occupant	(Signature) Occupant	(Termination Date)

SECTION III. SPECIAL INSTRUCTIONS:

OFFICE USE ONLY

Deposit \$ _____	Account Number _____ - _____ - _____	
Issued By: _____		
Account Balance _____	Deposit Applied _____	Account Balance after Deposit _____
Date Terminated _____	Final Bill Date _____	If Refund Ck # _____